State of Hawaii – Insurance Divison Department of Commerce and Consumer Affairs P. O. Box 3614

Honolulu, Hawaii 96811-3614

For express mailing only:

335 Merchant Street – Room 213, Honolulu, Hawaii 96813

SERVICE CONTRACT PROVIDER REGISTRATION FORM

1.	Full and Exact Name of Provider			2.	FEIN		
3.	Trade Name (if applicable)						
4.	Business Address (P. O. Box is <u>not</u> an acceptable Business Address):						
	a) Street			b)	Suite		
	c) City	d) State		e)	Zip Code or Country		
5.	Phone Number ()	Ext.	6. Fax Number ()				
7.	Business E-mail Address	8. Business Web Site		e Address			
9.							
	a) Street or P. O. Box			b)	Suite		
	c) City	d) State		e)	Zip Code or Country		
	10. Hawaii Agent for Service of Process (if other than provider)						
11.	I. Business Address for Hawaii Agent for Service of Process (if other than provider) (P. O. Box is <u>not</u> an acceptable Business Address):						
	a) Street			b)	Suite		
	c) City	d) State		e)	Zip Code		
12.	Phone Number		13. Fax Number	•			
	()	Ext.	()				
14.	Signature of Officer of Corporation	ture of Officer of Corporation		15. Date Signed			
16.	. Print Name of Signer		17. Title/Position of Signer				
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Submit the following with your completed registration form:

- 1. Evidence that business entity is registered with Hawaii Department of Commerce and Consumer Affairs Business Registration Division (808-586-2727).
- 2. On a separate sheet, provide the identities of the provider's executive officer or officers directly responsible for the provider's service contract business.
- 3. On a separate sheet provide the name, address, and telephone number of any administrators designated by the provider to be responsible for the administration of service contracts in Hawaii.
- 4. A copy of each service contract the provider proposes to use in Hawaii.
- 5. Applicable fees. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

Form SCP (1/12/2005)	VID#	SCP	I-61 \$
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